

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000050898

1. Corporation Name

MISS TRACEY'S ABC KIDZWORLD, INC.

Principal Place of Business

Mailing Address

3919 CEDAR LIMB CT
TAMPA FL 33614

3919 CEDAR LIMB CT
TAMPA FL 33614

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	QUESADA, TRACEY M	3919 CEDAR LIMB CT	TAMPA FL 33614

400009019974
11/15/02--01031--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

TRACEY M. QUESADA

Street Address (P.O. Box Number is Not Acceptable)

3919 CEDAR LIMB CT

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33614

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

TRACEY M. QUESADA
REGISTERED AGENT MUST SIGN

Date

11/8/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
TRACEY M. QUESADA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 6844787

CR2E040 (8/02)

Miss Tracey's ABC Kidzworld Inc.

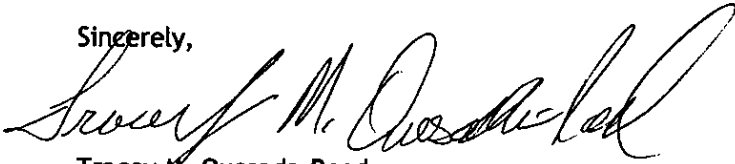
602 Lenna Ave.
Seffner, FL 33584
(813)684-4787

November 10, 2002

Dear Sir,

— Recently it has come to my attention that you have not received a payment that I had sent for my corporation. I had spoken to a representative and he had told me to send in the \$150.00 payment with this letter and that it would suffice. Enclosed is a check for \$150.00

Sincerely,



Tracey M. Quesada-Reed
President